

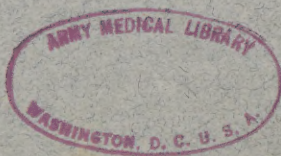
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THE INSANE OF CALIFORNIA
AND THEIR NEEDS.

By W. H. MAYS, M. D.

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In approaching my subject I have something pleasant to say. True, my statement may conflict with what I believe to be the generally received opinion, not of the public alone, but of many of the medical profession who have never looked up the subject. It is, that insanity is largely on the decline in California. There has been a steady decrease, during the last nine years, in the annual number of persons consigned to the asylums. From a file of the biennial reports of the two institutions, Stockton and Napa, it will be found that the number of persons committed as insane has remained, since 1876, almost at a standstill, although the population of the State is increasing, according to accepted estimates, at the rate of 100,000 every three years. In 1876, with a population of, in round numbers, 700,000, the commitments aggregated 735. Three years later, in 1879, with a population augmented to 800,000, the commitments were 721. In 1882, with a population of 900,000, there were but 722 commitments, and in 1884, last year, when our numbers had reached nearly a million, the commitments were only 764. In 1876, 735; in 1884, 764. Notwithstanding the addition to our population of nearly a quarter of a million, the actual number of persons attacked with insanity was scarcely any greater last year than it was nine years ago. Taking the ratio according to population, we find that in 1876, one person in every 950 was seized with insanity; in 1879, one in every 1,100; in 1882, one in every 1,250; in 1884, one in every 1,300.

With these figures before us, how shall we account for the prevalence of the belief that mind disorders preponderate on this coast? It may be said in explanation that many things have contributed to foster the misconception. Particularly may be mentioned the undue publicity that is given to insanity commitments. It is the custom to publish in the daily newspapers the names of persons examined by the Insanity Commissioners, and the salient features of each case. Not only are the names of

these individuals paraded in public print, but the circumstances which led to their examination, their perverted acts and sayings, and the peculiar delusions they may have exhibited, are often recounted in detail. Consider the flagrant wrong that may be done here. A large proportion of those sent to the asylum are only temporarily afflicted; they are soon to be restored to their homes and to society. But we know that to him who has once been shut within those walls a stigma attaches in the eyes of the world—deplorable that this should be, but it is so—and that stigma remains through life, and may so militate against his success as to drive him to despair and back to mental ruin again. Yet in the face of this it seems that the utmost pains are taken whereby, if the patient be restored to reason, his ignominy and shame shall be the greater. Surely the first impulse of all concerned should be to shield these unfortunates from exposure as far as possible, to cover their irresponsible acts with the mantle of charity. I can conceive of no adequate reason why the world must necessarily be told the names of those stricken with mind disease, still less why the morbid imaginings of frenzied patients should be held up to public gaze.

Again, the agitation of the matter of the overcrowding of our asylums, and the need for further provision for the insane, has engendered in some minds the erroneous idea that insanity is making rapid headway among us. But because the growth of the State has rendered such additional provision necessary, it is a little thoughtless and illogical to draw an inference therefrom unfavorable to the mental stability of the inhabitants. As long as our people continue to increase and multiply, as long as our land continues to attract new-comers, so long shall we be called upon to add to our asylum capacities every few years. One person in every four hundred is a lunatic, the world over, and it must needs be that as a community increases in numbers its insane population must necessarily increase too. The cry for new or larger receptacles for the insane can be heard in every State that is prosperous and growing. It may sound odd, but it is true, that the demand for additional asylums is really a proof of the prosperity of a State. When a people has reached its limit of expansion, those it possesses will be found to suffice, but not till then.

There is another cause for the perpetual repletion of asylums that is sometimes overlooked. It is the remarkable longevity

of the chronic insane.* Sixty years ago, Esquirol, in his well-known work, commented on this fact. The demented and imbecile class, "stationary" cases, who form so large a proportion of the inmates of our asylums, often lead a purely automatic existence. Their being is ruled over by the sympathetic nerve-system, the brain having long since abdicated, or become *functus officio*. They eat, they bask in the sun, they sleep, they rise to eat again, and so their days go on. Free from care or worry, they lead a vegetative life, with a minimum expenditure of the vital forces. At Stockton may be found many such, some of them hale octogenarians, committed back in the fifties, representatives of a former day and generation. Lingering on after all who once knew them have long departed, it would seem that even death had overlooked them, or thought them hardly worth the expenditure of a dart. These it is who by their accumulation cumber our wards to the hindrance of curable patients. The proposal, however, to gather these chronic cases into an institution exclusively for them does not accord with the opinion of the best alienists, some of whom have had the opportunity of studying such an arrangement practically. It is condemned as neither wise, nor humane, nor economical.† The plan which most commends itself is that of a main building for the acute or curable; and, on the same grounds, another, separate, though adjacent, for the chronic and incurable, built on a somewhat different and cheaper scale.

The extreme rarity of idiocy in our State is a matter the importance of which deserves wider appreciation. It is not perhaps generally known that the proportion of idiots to population

* "The large annual addition to the number of insane persons under care has produced the impression that insanity itself is much on the increase. On examination, however, it will be found that the increase is almost entirely due to accumulation of chronic cases of the pauper class; so that the community at large does not appear more liable than formerly to be attacked with insanity."—*Report of Commissioners on Lunacy for Great Britain, 1884.*

† "No physician can say with accuracy what class of patients are curable and what are not. We cannot say to which class at least one-third belong. We still indulge in hope of their restoration, but will probably be disappointed in the majority of cases; yet the hope we entertain, and which encourages us in our efforts to restore and cure them, would be destroyed by sending them to an incurable institution. No possible good could arise from such institutions, except that they might be managed at less expense; but even this is doubtful if they have proper officers and physicians."—*Dr. Brigham, Supt. of Somerville Asylum, Mass.*

here is so small as to be almost unprecedented. It is true that California was for some time a frontier State, replenished largely by men without families, and that during that period the rate of childbirth was low. This may at one time have explained the fact under consideration, but not now. California so long ago emerged from the frontier condition, it has for so many years been a land of settled homes and families, that to ascribe our present immunity from idiocy to a low birth-rate is manifestly incorrect. No one can doubt that for the past fifteen or twenty years the number of births has proportionately equalled that of any other State. The last census gives California 507 idiots. Compare this, for instance, with the State of Maine. Our birth-rate has unquestionably, during the last decade and a half, been the greater; yet Maine, with one-fourth less population, returns 1,325 idiots, or two and a half times as many as California. And, to make the inequality the more marked, Maine is far behind us in the number of families it possesses, the proportion there being one family to every twenty-one inhabitants, against one family to five inhabitants in California. In Iowa idiocy is over twice as frequent, proportionately, as with us, while at the same time Iowa has a smaller percentage of families than we have. Tennessee, with a little less than twice our population, has 3,533 idiots, or seven times as many. Michigan, with double our population, has 2,181 idiots; Indiana has 4,725; Maryland, 1,319; and so on.

Now, without claiming too much for these statistics, they certainly mean something. The difference in our favor in the matter of idiocy is no mere wavering of the balance below the average line, it is a disparity so wide as to entitle it to careful deliberation. Congenital idiocy is the sign and the outcome of ancestral taint. Tuberculosis in the parent may produce it, so may scrofula, or drunkenness, or a long course of semi-starvation. But more often the idiot is but the culminating point of a bad neurotic heredity that has been gathering strength for generations. Coupling, then, the two facts that I have established, the infrequency of idiocy and the progressive decrease of new cases of insanity amongst us, the inference is as satisfactory as it is incontestible.

For the people of whom such statistics are true, may fairly be predicated a share of mental recuperative energy beyond the average in activity and potency. There is nothing Utopian in such an assumption on behalf of our people, even were the evidence before us less clear and emphatic. There is a tendency

everywhere, and in all things that live, towards a better and healthier type, when the environing conditions are not adverse. All through nature the tendency to the normal is stronger than the tendency to the abnormal. No law is more universal or irrepressible. Given a conjunction of favorable conditions, climatic, hygienic and industrial, and the material betterment of the people subjected to those conditions must follow as surely as effect ever follows cause. To what extent such a conjunction of natural and other advantages is realized in this State I shall not attempt to determine. This, however, I hold to be proven from the facts adduced—that the conditions of life here tend demonstrably to a strengthening of mental fibre, a weakening of the tyranny of a bad inheritance.

Glancing further afield, the outlook for insanity everywhere favors those who have faith in the steady progress of humanity. Throughout the civilized world at large, forces are at work tending to lessen the outlying causes of mind-disease. One of the chief ameliorating factors is the striking change that is taking place in the condition of the working classes. For, let it be remembered that it is mainly the poorer and more ignorant who fill our asylums. The higher wages paid to working men, the shorter hours of labor, the greater amount of leisure they enjoy, the better education they receive, leading them to put that leisure to more intelligent use, the better houses they live in, above all, the better food they eat, supplying the proper nutrition of body and brain; all give us hope that, as years and generations go by, insanity will become less and less the formidable thing it is.

The Legislature of the State having wisely and by no means too soon provided for the erection of another asylum for the insane, a few words on the external construction of asylums may not be out of place.

Fashion, which rules everything, has even in times past brought this subject under its imperious sway. The fashion regarding asylum exteriors has changed notably in the last seven years. The period before that was characterized by the erection of a costly class of buildings, pretentious in design and imposing in all the pomp of tower and turret, pinnacle and battlement. All of them would not of course come under this category, but the majority would. As late as 1878, the celebrated alienist, Dr. Isaac Ray, writing on this subject, maintained that \$1,000 or \$1,200 per patient accommodated was not any too much. The State Asylum at Warren, Pa., finished in 1878, cost \$1,500 per patient. That at Danvers, Mass., built eight or nine years ago,

cost the monstrous sum of \$3,600 per patient; a monument to future ages of the submissiveness of tax-payers. Our own State Asylum at Napa was built in the hey-day of this era of extravagance, having cost close to a million and a half; or, with a capacity of 1,000 patients, for which it was intended, \$1,500 per patient.

Such palatial structures are no longer held necessary for the care and cure of the insane. The class of buildings most approved of late years is solid and substantial, without being prison-like, and of moderate cost; the comfort and home-like surroundings of the inmates being the first requirement. The taste for architectural display has given way to a striving after a truer form of beauty—utility. State pride in its public buildings is a sentiment highly commendable in its place, but the piling up of superfluous ornamentation on the outside of a mad-house has always struck me as something grossly inappropriate.

I will briefly call your attention to two instances of the later and more economical spirit in asylum construction, namely, the Illinois Eastern Asylum, at Kankakee, and our own new asylum building at Stockton.

The Kankakee asylum, finished last year, is on a plan somewhat experimental. There are, under the one management, separate and detached buildings for the different classes of the insane; the acute, the chronic, the violent, the filthy, the suicidal, the epileptic, each having their distinct quarters, adapted to the varying requirements of their care and treatment. The system is found to work well. The total cost of construction, necessarily enhanced by the broken-up and detached style of building, was \$664 per capita. The asylum accommodates 1,500 patients.

The new edifice recently built at Stockton was designed to take the place of some of the older buildings which had become unfit for habitation. It was opened for use at the beginning of the present year. It is not an imitation of a baronial castle, but a plain brick building with stone facings. In general appearance it impresses the observer as eminently suited for its purpose. It has, however, other claims for admiration; its simple yet stately outlines, its compact symmetry, its architectural and technical truth, to say nothing of its modest cost, render it as creditable a public building as will be found anywhere. It has a capacity of 500 patients, and cost \$225,000, or \$450 per patient. Being built on State grounds, there was no land to pay for, making the per capita less than it would otherwise have been, but only slightly less. As long as such structures as the Kankakee

Asylum at \$664 per patient, and the Stockton building at \$450 per patient can be reduplicated, the question of hospital construction need no longer be considered a vexed one.

Before concluding, there is a matter of central importance to which I desire to call the attention of the Society as a whole, and more especially the active promoters of medical education on this coast, of whom our honored President has long been recognized as one of the foremost. It is, the want of facilities for the clinical study of mental disease. The efficiency of the California medical schools is conceded on all hands. In the comprehensiveness of their respective courses of study, the rigor of their examinations, the zeal of their tutorial corps, they are up to the standard of the oldest and best. In but one feature do they fall short, the teaching of mind disease, as it can only be taught—clinically. The modern graduate must have something more than a smattering of knowledge on insanity. It is estimated that one person in every 400 has mind disorder in some form. Is typhoid fever relatively more frequent? Yet what student would be held worthy a diploma who had never studied clinically a case of typhoid? Is pneumonia more prevalent than once in 400 inhabitants, or syphilis, or tuberculosis? Yet how necessary is held the familiarizing the undergraduate with the aspect of these disorders. But when disease attacking the brain affects the mind, his knowledge of this class of ailments may be rudimentary in the extreme, as there is no way provided for the proper study of them. That asylums are provided for the reception of the insane is no reason why the general practitioner shall not require an intimacy with the phases of mental pathology. Many cases have to be treated at home; many cases need not be sent to the asylum at all. Not only this, but, as Dr. Clouston points out, the early recognition of mental disorder, the detection of its forerunning symptoms, and their treatment, the mental hygiene of those with a neuropathic history and the question of a career in life, the capacity for making a will, the responsibility for a criminal act, and, lastly, the examination of those charged with insanity, which often falls to the lot of the country practitioner, involving the serious question of depriving a fellow citizen of his personal liberty—these are matters that a physician should be made fully competent in before he can be said to have had a proper medical education. And this is not to be reached without systematic clinical teaching.

Two prerequisites are called for: First, an asylum within reasonable proximity to the medical schools; and second, a depart-

ment therein to be set aside as a field for clinical teaching. The Legislature, at its last session, devoted considerable time to insanity matters, and if the friends of medical education had made concerted representation of the urgent need of facilities for this branch of study, I am sure they would have met with a favorable hearing. Every large city should have its insane asylum close by, the convenience and economy of such an arrangement being obvious. As the location of the new asylum is still undetermined, I hope an effort will yet be made to secure its erection somewhere within an hour's ride of the metropolis.

One word more. That a State should honor its great men may be set down as an axiom of civic morality. That a Society representing the medical learning and attainment of that State should sedulously cherish its gifted members, may equally be regarded as beyond cavil or dissent. It has been said proverbially that Republics are ungrateful; one of those idle phrases that so often serve to hand down a falsehood rather than perpetuate a truth. The benefits conferred on the people at large by the life-long toils of one of the members of this Society, one who for more than twenty years has been closely identified with the management of the insane, and who is now resting after his labors in honorable retirement, are not forgotten, though they can never receive their full meed of appreciation. I need hardly say, Mr. President, that I refer to the distinguished gentleman who a few years since filled with dignity the chair now occupied by yourself—Dr. G. A. Shurtleff. I will attempt no eulogy of such a man, for none is wanted; his virtues are too vivid in the minds of the people to need it. Such was his large-hearted sympathy for the unfortunates under his charge, his zeal, his skill, that there is not a town or hamlet from the centre of the State to its furthestmost recesses, where his name is not known and revered.

The State of New York, mindful of the similar services of one of her talented physicians, showed her gratitude by naming in perpetuity one of the stateliest hospitals of which the State can boast, the Willard Asylum for the Insane. A new asylum is soon to rise in our midst, and I feel that I am but echoing the feeling of all of us in saying that no fitter name could be found for it than that of the Shurtleff Asylum for the Insane. A movement to that effect would come with peculiar grace from this body; and there can be no doubt that when forwarded to the proper quarter, the proposal thus to recognize the services of so eminent a public benefactor, will be welcomed with acclamation.

